

STATE OF SOUTH CAROLINA

Description of Case)

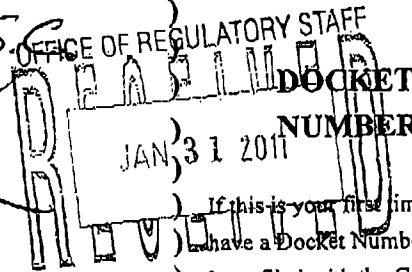
Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

Class C Taxi
Checker Taxi Cabs of SC
DBA: Phillip B. Johnson
PO Box #2781
Greenville SC, 29602

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

227862

TRANSPORTATION COVER SHEET



If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Phillip B. Johnson
Address: #3 Fourth Street
Greenville SC, 29611

Telephone: (864) 269-5744
Fax: (864) 269-5745
Other:
Email:

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- | | |
|---|--|
| <input checked="" type="checkbox"/> Application – Class C Taxi | <input type="checkbox"/> Request to Amend Scope of Authority |
| <input type="checkbox"/> Application – Class C Charter | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application – Class C Charter Bus | <input type="checkbox"/> Request to Amend Passenger Limit |
| <input type="checkbox"/> Application – Class C Non-Emergency | <input type="checkbox"/> Request |
| <input type="checkbox"/> Application – Class E Household Goods | <input type="checkbox"/> Exhibit |
| <input type="checkbox"/> Application – Class E Hazardous Waste | <input type="checkbox"/> Late-Filed Exhibit |
| <input type="checkbox"/> Application | <input type="checkbox"/> Letter |
| <input type="checkbox"/> Request for Extension to Comply with Order | <input type="checkbox"/> Proposed Order |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain Certificate of Public Convenience and Necessity to Be Rescinded | <input type="checkbox"/> Publisher's Affidavit |
| <input checked="" type="checkbox"/> Request for Cancellation of Certificate | <input type="checkbox"/> Reservation Letter |
| <input type="checkbox"/> Request for Suspension | <input type="checkbox"/> Response |
| <input type="checkbox"/> Request for Reinstatement | <input type="checkbox"/> Return to Petition |
| <input type="checkbox"/> Request for Name Change on Certificate | <input type="checkbox"/> Other: _____ |



If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

Request for Cancellation of Certificate

File the original with: Public Service Commission of South Carolina Clerk's Office Motor Carrier Matters P.O. Box 11649 Columbia, S.C. 29211 (803) 896 - 5100 FAX (803) 896-5199	Mail or fax a copy to: S.C. Office of Regulatory Staff Transportation Department 1401 Main Street, Suite 900 Columbia, S.C. 29201 (803) 737-0578 FAX (803) 737-0815
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OFFICE OF REGULATORY STAFF
JAN 31 2011

DATE: Jan 21, 2011

Please consider this a request to cancel my:

- ☒ Class C Taxi Certificate ☐ Class A Restricted Certificate
- ☐ Class C Charter Certificate
- ☐ Class C Charter Bus Certificate
- ☐ Non-Emergency Certificate
- ☐ Class E Household Goods Certificate
- ☐ Class E Hazardous Wastes Certificate

My Certificate Number is _____

Checker Taxicabs S.C.
(Name of Company)

DBA

Phillip B. Johnson
(If applicable)

#3 Fourth Street
(Street Address)

P.O. Box 2787
(Mailing Address if different from Street Address)

Greenville, SC 29611
(City, State, Zip Code)

Greenville, SC 29611
(City, State, Zip Code)

(864) 269-5744
(Telephone Number)

Phillip B. Johnson
(Signature)

Owner
(Title) Owner, President, etc.